

IH NOISE SAMPLING NOTES FORM

Instrumentation

Equipment	Mfg.	Model#	Serial #	Mfg. Cal Due	Field Cal By(sign)	Date of Field Cal	Dosimeter Settings	Cal. Device Used & Cal. Due Date	Field Cal Results
					Pre: _____ Post:	Pre: _____ Post	3 dB exchange rate, 85 dBA criterion, 80 dBA lower threshold, 90 dBA high threshold		Pre: _____ Post

Calculations

Effectiveness of Hearing Protection	
Other	

Diagram

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SAMPLE INFORMATION

SAMPLE #(s)	SAMPLED BY (print and sign)	Report Copies To: (include MS)

Location and Location Code	Type of Sample (personal, area)	Personal: Name/ID#/ Division or Section/Job Title Others: Describe location of sample (diagram or photo if possible)	Describe Activities/Conditions/ Noise Source(s)	PPE or Other Controls

Time On	Time Off	Total Time	Notes/ Results (may use diagram to list SLM readings)
			Dosimeter Results (include information from all keys on dosimeter)

REPRESENTATIVE SAMPLING FOR: List name(s) and ID#(s)(may attach list)